

Fill in this information to identify your case:

Debtor 1 First Name	Sherry	Lee	Shire-Misnik Last Name
Debtor 2 (Spouse, if filing) First Name	Middle Name	Last Name	
United States Bankruptcy Court for the: EASTERN DIST. OF PENNSYLVANIA			
Case number (if known)	17-18533		

Check if this is:

- An amended filing
 A supplement showing postpetition chapter 13 expenses as of the following date:

MM / DD / YYYY

Official Form 106J

Schedule J: Your Expenses

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach another sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Your Household

1. Is this a joint case?

- No. Go to line 2.
 Yes. Does Debtor 2 live in a separate household?
 No
 Yes. Debtor 2 must file Official Form 106J-2, Expenses for Separate Household of Debtor 2.

2. Do you have dependents?

Do not list Debtor 1 and Debtor 2.
 No
 Yes. Fill out this information for each dependent.....

Dependent's relationship to Debtor 1 or Debtor 2	Dependent's age	Does dependent live with you?
_____	_____	<input type="checkbox"/> No <input type="checkbox"/> Yes
_____	_____	<input type="checkbox"/> No <input type="checkbox"/> Yes
_____	_____	<input type="checkbox"/> No <input type="checkbox"/> Yes
_____	_____	<input type="checkbox"/> No <input type="checkbox"/> Yes
_____	_____	<input type="checkbox"/> No <input type="checkbox"/> Yes
_____	_____	<input type="checkbox"/> No <input type="checkbox"/> Yes

3. Do your expenses include expenses of people other than yourself and your dependents?

- No
 Yes

Part 2: Estimate Your Ongoing Monthly Expenses

Estimate your expenses as of your bankruptcy filing date unless you are using this form as a supplement in a Chapter 13 case to report expenses as of a date after the bankruptcy is filed. If this is a supplemental Schedule J, check the box at the top of the form and fill in the applicable date.

Include expenses paid for with non-cash government assistance if you know the value of such assistance and have included it on Schedule I: Your Income (Official Form 106I.)

Your expenses

- 4. The rental or home ownership expenses for your residence.**
 Include first mortgage payments and any rent for the ground or lot.
- If not included in line 4:
- 4a. Real estate taxes 4a. _____
- 4b. Property, homeowner's, or renter's insurance 4b. _____
- 4c. Home maintenance, repair, and upkeep expenses 4c. _____ \$160.00
- 4d. Homeowner's association or condominium dues 4d. _____

Debtor 1	<u>Sherry Lee Shire-Misnik</u>	Case number (if known)	<u>17-18533</u>
<u>Your expenses</u>			
5.	Additional mortgage payments for your residence, such as home equity loans		
6.	Utilities:		
6a.	Electricity, heat, natural gas		
6b.	Water, sewer, garbage collection		
6c.	Telephone, cell phone, Internet, satellite, and cable services		
6d.	Other. Specify: _____		
7.	Food and housekeeping supplies		
8.	Childcare and children's education costs		
9.	Clothing, laundry, and dry cleaning		
10.	Personal care products and services		
11.	Medical and dental expenses		
(See continuation sheet(s) for details)			
12.	Transportation. Include gas, maintenance, bus or train fare. Do not include car payments.		
13.	Entertainment, clubs, recreation, newspapers, magazines, and books		
14.	Charitable contributions and religious donations		
15.	Insurance.		
Do not include insurance deducted from your pay or included in lines 4 or 20.			
15a.	Life insurance		
15b.	Health insurance		
15c.	Vehicle insurance		
15d.	Other insurance. Specify: <u>See continuation sheet</u>		
16.	Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20.		
Specify: _____			
17.	Installment or lease payments:		
17a.	Car payments for Vehicle 1 <u>Ally Financial</u>		
17b.	Car payments for Vehicle 2		
17c.	Other. Specify: _____		
17d.	Other. Specify: _____		
18.	Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I).		
19.	Other payments you make to support others who do not live with you.		
Specify: _____			

Debtor 1 Sherry Lee Shire-Misnik

Case number (if known) 17-18533

20. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income.

- | | |
|---|-----------------------|
| 20a. Mortgages on other property | 20a. _____ |
| 20b. Real estate taxes | 20b. _____ |
| 20c. Property, homeowner's, or renter's insurance | 20c. _____ |
| 20d. Maintenance, repair, and upkeep expenses | 20d. _____ |
| 20e. Homeowner's association or condominium dues | 20e. _____ |
| 21. Other. Specify: <u>See continuation sheet</u> | 21. + <u>\$483.33</u> |

22. Calculate your monthly expenses.

- | | |
|---|------------------------|
| 22a. Add lines 4 through 21. | 22a. <u>\$6,715.71</u> |
| 22b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2. | 22b. _____ |
| 22c. Add line 22a and 22b. The result is your monthly expenses. | 22c. <u>\$6,715.71</u> |

23. Calculate your monthly net income.

- | | |
|---|--------------------------|
| 23a. Copy line 12 (your combined monthly income) from Schedule I. | 23a. <u>\$7,348.08</u> |
| 23b. Copy your monthly expenses from line 22c above. | 23b. - <u>\$6,715.71</u> |
| 23c. Subtract your monthly expenses from your monthly income.
The result is your monthly net income. | 23c. <u>\$632.37</u> |

24. Do you expect an increase or decrease in your expenses within the year after you file this form?

For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage?

No.

Yes. Explain here:
None.

Debtor 1 Sherry Lee Shire-Misnik

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11. Medical and dental (details):

Botox Injections for muscle stiffness	\$160.00
Rhemutoid Arthritis injections	\$180.00
Physical Therapy	\$300.00
Psychologist	\$160.00
Total:	<u>\$800.00</u>

15d. Other insurance (details):

Aflac -Cancer Insurance	\$64.80
Aflac - Accident Insurance	\$52.50
Aflac - Short Term Disability Insurance	\$174.00
Aflac - Hospital Indemnity Insurance	\$168.87
Total:	<u>\$460.17</u>

21. Other. Specify:

Education - CE Credits	\$100.00
Personal Trainer	\$240.00
Citadel - Home Alarm System	\$33.33
Massage Envy (arthritis relief)	\$110.00
Total:	<u>\$483.33</u>